

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000140509

1. Entity Name
DIXIELAND FIRE SPRINKLERS, INC.



Principal Place of Business
18743 SAKERA ROAD
HUDSON, FL 34667

Mailing Address
18743 SAKERA ROAD
HUDSON, FL 34667



DO NOT WRITE IN THIS SPACE

01142007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3621440

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, MARK
18743 SAKERA ROAD
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE.**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PHILLIPS, MARK
STREET ADDRESS	18743 SAKERA ROAD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VP
NAME	PHILLIPS, DONNA
STREET ADDRESS	18743 SAKERA ROAD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	S
NAME	PHILLIPS, DONNA
STREET ADDRESS	18743 SAKERA ROAD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	T
NAME	PHILLIPS, DONNA
STREET ADDRESS	18743 SAKERA ROAD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	PHILLIPS, MARK
STREET ADDRESS	18743 SAKERA ROAD
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000631451
02/20/07-00047-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna G. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 127-863-8900
Date Daytime Phone #